MEDICAL RECORD

<div style="text-align:right">

**Sedation Worksheet--
Continuation**

</div>

Date:_____   Time Procedure Start:_____   Time Procedure End:_____

Procedure:_____

TIME	MEDICATION (Drug, Dose, Route)	HR/RR	BP/CAP REFILL	FiO$_2$/ O$_2$Sat	LOC*	Comments	Signatures

*Level of Consciousness: (0) not responding, unconscious; **(1)** arousable on calling, sedated; **(2)** fully awake

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